



WELL CONSTRUCTION OPERATOR'S LICENSE APPLICATION

*The application process WILL BE DELAYED if we are missing information or fees.
Please read the instructions below carefully BEFORE completing this application.*

INSTRUCTIONS:

1. A filing FEE must accompany this application.
2. PRINT information. Fill in the applicable sections COMPLETELY.
3. You MUST submit proof of Continuing Education Units in the form of copies of certificates, CPR/first aid cards, etc.
4. You MUST submit verification of experience in the form of a letter on company letterhead from your employer and W2(s), or 4 previous paycheck stubs; OR a notarized letter(s) from Washington State drillers you have worked with to fulfill the required number of hours of experience. Out-of-state drillers submit copies of state license to total 3 years of licensed experience.
5. Please attach your proof to this application, enclose the appropriate filing fee and mail to:
Washington State Department of Ecology, Cashiering Section, PO Box 5128, Lacey, WA 98509-5128.

You may apply for only ONE TYPE OF LICENSE. Please check one box.

☐ Water Well - \$75.00 ☐ Resource Protection Well - \$75.00

TYPE OF APPLICATION

Check the method of application. Please read requirements for application CAREFULLY and check ONE BOX ONLY.

☐ **New Applicant** (*NEVER held a well drilling license*)

Requirements: 5,400 hours of drilling experience under a Washington State Licensed driller AND proof of completion of 32 approved Continuing Education Units. (See INSTRUCTIONS above for verification of experience)

☐ **Experienced Driller** (*Licensed OUTSIDE OF Washington State*)

Name of State _____ License Number _____

Licensing Agency Contact Name and Phone No. (to verify experience) _____

Requirements: Valid license for a period of 3 years AND proof of completion of 32 approved Continuing Educations Units. (See INSTRUCTIONS above for verification of experience)

☐ **Expired Licensed Driller** (*License has been expired, revoked or suspended*)

Original License Number _____

Requirements: Proof of completion of 7 approved Continuing Education Units for every year, or portion of a year a license is expired, revoked or suspended. FOR SUSPENDED AND REVOKED LICENSES – you must show proof that terms and conditions of the suspension/revocation have been met.

☐ **Licensed Trainee** (*Completed Training Program*)

Trainee License Number _____

Requirements: Proof that you have been a trainee for 3,600 hours (send your logbook) AND proof of completion of 14 approved Continuing Education Units.

GENERAL INFORMATION

Applicant Name: _____ SSN: _____

Street Address: _____ County: _____

City: _____ State: _____ Zip Code: _____ Phone No: _____

TO: DIRECTOR, DEPARTMENT OF ECOLOGY, OLYMPIA, WASHINGTON. I hereby make application for a Water/Resource Protection Well Construction Operator's License under the provisions of Ch. 18.104 RCW.

AFFIDAVIT

State of Washington, County of _____ I, _____ hereby certify that there are no misrepresentations of falsifications in these statements and answers to questions. I am aware that any misstatements of material facts may cause rejection of my application and I may be disqualified from taking an examination, or holding of a Washington Water and/or Resource Protection Well Construction Operator's License.

APPLICANT SIGNATURE _____ DATE: _____

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.